

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

**BECKERICH, CHRISTY,  
INDIVIDUALLY AND AS  
CLASS REPRESENTATIVE,  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**PLAINTIFFS**

**AND**

**BENTLE, MEGHAN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BOWDLER, CHRISTA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BRINKMAN, EILEEN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BROWN, KIM  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BURG, ANDREA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CALDWELL, STACEY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CARLTON, JENNIFER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DAUGHERTY, CARRISA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DUDLEY, DEANNA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**HALKIOTIS, ANDREA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**HOSKINS, APRIL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JACKSON, MALIZA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JUSTICE, TIFFANY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**KING, HEATHER  
5247 MADISON PIKE**

**INDEPENDENCE, KY 41051**

**AND**

**MANNING, TIFFANY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MOZEA, ELIZABETH  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**PATRICK, JOY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**PERIN, ANGELA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**REYNOLDS, KELLY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**ROSE, VALERIE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SHELDON, SENECA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SMITH, MONICA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**STURM, DEELA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**VICKERS, MAJA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**WESTERMEYER, GRETA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**LYNDSAY E ALEXANDER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MELISSA BOYER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RICHARD BRIGGS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**AMY BURROWS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**NATALIE CUNNINGHAM  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**EMILY DOWDEN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JAMIE DOWNTON  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**KIMBERLY DUTZE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DANIELLE FORMAN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SHAWNA FREIBERGER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RACHEL FREIER  
5247 MADISON PIKE  
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**AND**

**SHANNON FREY  
5247 MADISON PIKE**

**INDEPENDENCE, KY 41051**

**AND**

**SHELLEY HAAS  
5247 MADISON PIKE  
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**AND**

**CAROLYN HANSFORD  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JOYCE LIFE-ISHMAEL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CHERYL MACKLIN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**TRACY MALLERY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DAWN MALONE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**KARYN MANTER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SHANNON OSTERFELD  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JENNIFER PHILLIPS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MICHAEL SAAL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**EDWARD SIZEMORE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SUZANNE THOMAS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BRENDALEE TRAVIS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**THOMAS WRIGHT  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MARK YOUNG  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**TRACEY DURROUGH  
5247 MADISON PIKE  
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**AND**

**TAMMY HARDIN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**EMILY HEFFNER  
5247 MADISON PIKE  
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**AND**

**SHELLY KELLER  
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**AND**

**JENNIFER KOENIG  
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**AND**

**JULIE MYRICK  
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**AND**

**JENNY NEISER  
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**AND**

**VALERIE PATRICK  
5247 MADISON PIKE**



**INDEPENDENCE, KY 41051**

**AND**

**SHAWNEICE PERNELL  
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**AND**

**MICHELLE PIERCE  
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INDEPENDENCE, KY 41051**

**AND**

**LARA REEVES  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SANDRA RENEE SUMME  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SUSAN STREICHER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**LATONYA WILLAMS  
5247 MADISON PIKE  
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**AND**

**SHANNON HEEG  
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**AND**

**JAMES ALLEN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DARRIS BOHMAN  
5247 MADISON PIKE  
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**AND**

**DAWN BOWMAN  
5247 MADISON PIKE  
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**AND**

**MICHAEL BROCK  
5247 MADISON PIKE  
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**AND**

**HEATHER BYNUM  
5247 MADISON PIKE  
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**AND**

**ARIEL COLWELL  
5247 MADISON PIKE  
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**AND**

**CHASTITY DONK  
5247 MADISON PIKE  
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**AND**

**DANIELLE FORMAN  
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**JOSEPH GREER  
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**AND**

**ANGELA HICKS  
5247 MADISON PIKE  
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**AND**

**PAULA JUMP  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MICHELLE MORATH  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**ANDREA MORENO  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**VICTORIA MORSE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DESIREE OCHS  
5247 MADISON PIKE**

**INDEPENDENCE, KY 41051**

**AND**

**TODD PETERS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**STEPHANIE PHELPS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SARAH REED  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RAENNA ROTH  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BRIAN SCHMADEL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SAMANTHA SHANNON  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**KIMBERLY SHROUT  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JENNIFER SIDERS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**SHANNON STORM-SIEG  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DONNA TIDBALL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**JESSICA WALKER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**TAYLOR WILSON  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**REBEKKAH WINKLER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BEIER, GLENN  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CIEMINSKI, CAROLINE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CRASE, DONNA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DAVIS, ALAINA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DAVIS, LESLIE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**ELDERS, TAMRA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**ELLINGTON, GREG  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**GERDES, RON  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**GERREIN, REBECCA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**HEILMAN, HANNAH  
5247 MADISON PIKE**

**INDEPENDENCE, KY 41051**

**AND**

**IACOBUCCI, TONI  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MADONIS, EMILY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**PABST, JILL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**PRESTON-CLAPPER, AMANDA  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RAPP, HEATHER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RUEDEBUSCH, KIM  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**TOENNIS, MARY  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**WOOLUMS, KIM  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**BRITTANY ALDRIDGE  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**MATTHEW BARKIMER  
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**AND**

**RACHEL CAMPBELL  
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INDEPENDENCE, KY 41051**

**AND**

**JAMES COOPER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**GEMMA DEPPERSCHMIDT  
5247 MADISON PIKE  
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**AND**

**ANDREA HARB  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**TERESA LYNCH  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**RONDA MONTANO  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CRYSTAL NAPIER  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**CHRISTINE O'NEILL  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**DAVEE PENNINGTON  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**ANDREA SELLARS  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**AND**

**NANCY VANPELT  
5247 MADISON PIKE**

**INDEPENDENCE, KY 41051**

**AND**

**MINDY WIEDERHOLD  
5247 MADISON PIKE  
INDEPENDENCE, KY 41051**

**v.**

**SAINT ELIZABETH MEDICAL CENTER, INC.,  
ATTN: LISA FREY  
8726 US HIGHWAY 42  
FLORENCE, KY 41042-8550**

**DEFENDANTS**

**SERVE: ROBERT M. HOFFER  
207 THOMAS MORE PARKWAY  
CRESTVIEW HILLS, KY 41017-2596**

**AND**

**SUMMIT MEDICAL GROUP, INC. d/b/a  
ST. ELIZABETH PHYSICIANS  
7370 TURFWAY ROAD  
FLORENCE, KY 41042-4896**

**SERVE: Robert M. Hoffer  
207 Thomas More Parkway  
Crestview Hills, KY 41017-2596**

**AND**

**CINCINNATI CHILDREN'S  
HOSPITAL MEDICAL CENTER  
3333 Burnet Avenue  
Cincinnati, OH 45229**

**SERVE: FRANK C. WOODSIDE III  
1900 CHEMED CENTER  
CINCINNATI, OH 45202  
(SERVE VIA CERTIFIED MAIL)**

**AND**

**CHRIST HOSPITAL**

**2139 AUBURN AVENUE  
CINCINNATI, OH 45219**

**SERVE:  
CT Corporation System  
4400 Easton Commons Way  
Suite 125  
Columbus, OH 43219  
(Serve via Certified mail)**

**AND**

**THE CHRIST HOSPITAL  
PHYSICIANS, LLC  
312 WALNUT STREET #1160  
CINCINNATI, OH 45202**

**SERVE:  
George Vincent  
255 East Fifth Street  
Cincinnati, OH 45202  
(Serve via Certified mail)**

**AND**

**TRIHEALTH, INC.  
d/b/a TRIHEALTH PHYSICIAN  
PARTNERS and GROUP HEALTH  
PHYSICIAN PARTNERS  
Trihealth G, LLC  
625 Eden Park Dr.  
Cincinnati, OH 45202  
&  
619 Oak St.  
Cincinnati, OH 45206**

**AND**

**BETHESDA HOSPITAL, INC.  
c/o OSAC, Inc. Statutory Agent  
100 S. Third Street  
Columbus, OH 43215**

**AND**

**BETHESDA NORTH**

**619 Oak Street  
Cincinnati, OH 45206**

**AND**

**GOOD SAMARITAN HOSPITAL  
375 Dixmyth Avenue  
Cincinnati, OH 45220  
c/o OSAC, Inc. Statutory Agent  
100 S. Third Street  
Columbus, OH 43215**

**AND**

**UC HEALTH, LLC  
3200 BURNET AVE.  
CINCINNATI, OH 45299-3099,**

**SERVE:  
GH&R Business Services  
312 Walnut St., Suite 1800  
Cincinnati, OH 45202  
(Serve via Certified mail)**

**AND**

**UNIVERSITY OF CINCINNATI  
MEDICAL CENTER, LLC  
234 GOODMAN STREET  
CINCINNATI, OH 45219**

**SERVE:  
GH&R Business Services, Inc.  
312 Walnut St., Suite 1800  
Cincinnati, OH 45202**

**AND**

**UNIVERSITY OF CINCINNATI  
PHYSICIANS COMPANY, LLC d/b/a  
UC HEALTH PHYSICIANS  
3200 BURNET AVE.  
CINCINNATI, OH 45299**

**SERVE:  
CEO, General Manager, or General**

**Counsel  
University of Cincinnati Physicians  
Company, LLC  
3200 Burnet Avenue  
Cincinnati, OH 45229**

**AND**

**MERCY HEALTH CINCINNATI, LLC  
(aka Mercy Health-Cincinnati)  
4760 E. Galbraith Road, Ste. 108  
Cincinnati, Ohio 45236**

**SERVE: CLAIRE G. COMBS  
1701 MERCY HEALTH PLACE  
CINCINNATI, OHIO 45237**

**AND**

**BON SECOURS MERCY HEALTH INC.  
1505 Marriottsville Road  
Marriottsville, MD 21104**

**SERVE: MICHAEL P. MCQUEARY  
1701 MERCY HEALTH PLACE  
CINCINNATI, OHIO 45237**

**AND**

**MERCY HEALTH -ANDERSON  
HOSPITAL LLC  
7500 State Road  
Cincinnati, OH 45255**

**SERVE: CLAIRE G. COMBS  
1701 MERCY HEALTH PLACE  
CINCINNATI, OH 45237**

**AND**

**MERCY HEALTH WEST HOSPITALS,  
LLC, d/b/a MERCY HOSPITAL WEST  
3300 Mercy Health Blvd.  
Cincinnati, OH 45211**

**SERVE: CLAIRE G. COMBS**

**1701 MERCY HEALTH PL  
CINCINNATI, OH 45237**

**AND**

**MERCY HEALTH PHYSICIANS  
CINCINNATI LLC  
672 NEEB RD.  
CINCINNATI, OH 45233**

**SERVE: CLAIRE G. COMBS  
4600 MCAULEY PLACE  
CINCINNATI, OH 45242**

**AND**

**THE JEWISH HOSPITAL, LLC  
4777 E. GALBRAITH RD.  
CINCINNATI, OH 45236**

**SERVE: CLAIRE G. COMBS  
1701 MERCY HEALTH PLACE  
CINCINNATI, OH 45237**

#### **JURISDICTION & VENUE**

1. All above named Plaintiffs are domiciled in either Ohio, Kentucky or Indiana.
2. This Court has subject matter jurisdiction over this action pursuant to 28 U.S.C. § 1331 because this claim “arises under” federal law; more specifically, The Sherman Anti-Trust Act.
3. This Court has personal jurisdiction over Defendants because at all relevant times Defendants have engaged in substantial business activities in the State of Ohio. St. Elizabeth participated in the scheme in Ohio.
4. This Court has personal jurisdiction over Defendants pursuant to R.C. § 2307.382 (Ohio Long-Arm Statute) because, at all relevant times, Defendants have systematically and continuously transacted, solicited, and conducted business in Ohio on their own, through

the control of their subsidiaries, through the supply of products in Ohio, and through their employees, agents, or sales representatives, and Defendants have derived substantial revenue from such business in Ohio.

5. Venue is proper in this District and Division pursuant to 28 U.S.C. § 1391(b)(2) because a substantial portion of the wrongful acts upon which this lawsuit is based occurred in this District. Venue is also proper pursuant to 28 U.S.C. § 1391(c)(2) because Defendants are all corporations that have substantial, systematic, and continuous contacts in the State of Ohio and they are all subject to personal jurisdiction in this District.

### **CLASS ALLEGATIONS**

6. Plaintiffs bring this action on behalf of themselves and as a class action, pursuant to the provisions of Rules 23(a), (b)(2), and (b)(3) of the Federal Rules of Civil Procedure on behalf of the following class (the “Class”).

The members of the Class are every person who is being threatened, coerced, and illegally required by the Defendants to receive the first shot of Pfizer Covid-19 vaccine by September 1, 2021 and the second shot by October 1, 2021, or face immediate termination and/or other adverse consequences to their employment, careers, and reputations. The Class also includes every person being threatened with termination, fines, and other adverse consequences for refusing to receive a Covid vaccine as a condition of employment.

7. Excluded from the Class are employees of Defendants and their subsidiaries and affiliates; governmental entities (but not government employees); and the judge to whom this case is assigned and his/her immediate family. Plaintiffs reserve the right to revise the Class definition based upon information learned through discovery.
8. Certification of Plaintiffs’ claims for class-wide treatment is appropriate because Plaintiffs can prove the elements of their claims on a class-wide basis using the same evidence as would be used to prove those elements in individual actions alleging the same claim. This

action has been brought and may be properly maintained on behalf of the Class proposed herein under Federal Rule of Civil Procedure 23.

9. Numerosity. Federal Rule of Civil Procedure 23(a)(1): The Class Members are so numerous that individual joinder of all Class members is impracticable. The precise number of Class Members in the Classes is unknown to Plaintiffs, but may be ascertained from Defendants' books and records. Class Members may be notified of the pendency of this action by recognized, Court-approved notice dissemination methods, which may include U.S. mail, electronic mail, Internet postings, and/or published notice.
10. Commonality and Predominance. Federal Rule of Civil Procedure 23(a)(2) and 23(b)(3): This action involves common questions of law and fact, which predominate over any questions affecting individual Class Members, including, without limitation:
  - a. Whether Defendants engaged in the conduct alleged herein in this Complaint;
  - b. Whether Defendants benefitted financially from Durrani's wrongful conduct;
  - c. Whether Plaintiffs and the other Class Members are entitled to equitable relief, including, but not limited to, restitution, or injunctive relief; and
  - d. Whether Plaintiffs and the other Class Members are entitled to damages and other monetary relief and, if so, in what amount.
11. Typicality. Federal Rule of Civil Procedure 23(a)(3): Plaintiffs' claims are typical of the claims of the other Class Members because, among other things, all Class Members were and are comparably injured and threatened by Defendants' wrongful conduct as described above.
12. Adequacy. Federal Rule of Civil Procedure 23(a)(4): Each Plaintiff is an adequate representative for the Class because their interests do not conflict with the interests of the



other Class Members they seeks to represent; Plaintiffs have retained counsel competent and experienced in complex class action litigation; and Plaintiffs intend to prosecute this action vigorously. The Class's interests will be fairly and adequately protected by Plaintiffs and their counsel.

13. Declaratory and Injunctive Relief. Federal Rule of Civil Procedure 23(b)(2): Defendants, and each of them, have acted or refused to act on grounds generally applicable to Plaintiffs and the other Class Members, thereby making appropriate final injunctive relief and declaratory relief, as described below, with respect to the Class as a whole.

14. Superiority. Federal Rule of Civil Procedure 23(b)(3): A class action is superior to any other available means for the fair and efficient adjudication of this controversy, and no unusual difficulties are likely to be encountered in the management of this class action. The damages or other financial detriment suffered by Plaintiffs and the other Class Members are relatively small compared to the burden and expense that would be required to individually litigate their claims against Defendants, so it would be impracticable for Members of the proposed Classes to individually seek redress for Defendants' wrongful conduct. Even if Class Members could afford individual litigation, the court system could not. Individualized litigation creates a potential for inconsistent or contradictory judgments, and increases the delay and expense to all parties and the court system. By contrast, the class action device presents far fewer management difficulties, and provides the benefits of single adjudication, economy of scale, and comprehensive supervision by a single court.

The Class period is from the time period of the first threat alleged in this Complaint to the present and continuing on into the future. The Class members are seeking immediate injunctive relief.

**GENERAL FACTUAL ALLEGATIONS RELATIVE TO ALL DEFENDANTS**

15. On August 5, 2021, all six major healthcare systems in the Cincinnati area announced their joint vaccine mandate for all their healthcare workers:

- A. St. Elizabeth Medical Center
- B. Children's Hospital
- C. Christ Hospital
- D. U.C. Health
- E. Tri-Health
- F. Mercy

**16. What these six systems have done is to conspire against all their healthcare workers so that they could not work in their field because these six systems are the healthcare fields in the tristate.**

17. Christ Hospital CEO Debbie Hayes, Cincinnati Children's CEO Michael Fisher, Trihealth CEO Dr. Richard Lofgren attended the August 5 press conference to announce the mandate.

18. All six major health systems in Greater Cincinnati will now require the Covid-19 vaccine for workers this fall- a major push that comes amid their false claim of growing spread of the Delta variant and a flattening in vaccination rates regionwide. It's not true.

19. Collectively, these six health systems account for nearly 63,000 employees. Nearly 40% are not vaccinated.

20. Individual lawsuits have been filed against these systems for vaccine claims. The facts from those lawsuits follow this section.
21. “This is going to go a long way to putting the pandemic in the rearview mirror, if we can get everyone vaccinated,” Cincinnati Children’s CEO Michael Fisher said at the press conference. “We invite other employers to join in this effort.”
22. All six healthcare systems are using October 1 as the target date and September 1 as the first “shot” date.
23. Hospital officials declined to share projected vaccination rates for their staff and physicians, saying the numbers are estimates. The process for reporting the Covid-19 vaccine status will be similar to the flu.
24. “It’s a condition for employment.” Trihealth CEO Mark Clement said. “We take an oath to do no harm. And this is one tangible way we can promote no harm for our patients.” This is a lie. Thousands of healthcare workers not treating patients not only never take that oath, they do not treat patients. It’s also offensive. The vaccine causes harm to workers who receive it. A vaccine is for the person taking it, not others.
25. The American Hospital Association, the American Medical Association, and the Ohio Hospital Association recently advised healthcare employers require workers be vaccinated against Covid-19. This is completely self-serving to lock step with the government.
26. “Because of the highly contagious Delta variant and significant numbers of unvaccinated people- including children younger than 12 years old- Covid-19 cases, hospitalizations and deaths are again rising,” Fisher said. That too is a lie. And to blame unvaccinated children is evil.

27. Per the Health Collaborative, 59% of those eligible in the 15-county region have been vaccinated against Covid-19. This of course means 41% have not.

28. **The entire Covid 19 “pandemic” has been one based upon lies, misrepresentations and fear to advance the purpose of those engaged in those lies, misrepresentations and fear mongering: the U.S. government, state governments, the media, pharmaceutical companies, corporate America and hospitals.**

29. **The history of government, media, pharma, corporate America and hospitals lying to the public is well documented.**

30. **Yet, the government, pharma, the media and the healthcare industry want everyone to TRUST them on the vaccine issue.**

31. **It is all a diabolical fraud upon the public.**

32. All the following paragraphs relative to hospitals also applies to Defendants and Plaintiffs.

33. Facebook not only posted a referral to every vaccine post, but they would also put this up on profiles: “Add a Covid-19 vaccine frame to your profile picture. We can all play a part in ending the pandemic. Your new picture will be shown to your friends to inspire them to get their vaccines as soon as they can.”

34. **When there was no vaccine, the workers had to go to work. They were heroes. Now that there is a vaccine, they have to get the vaccine or be fired. Now they are “zeros.”**

35. They are admitting patients that test positive with even the slightest symptoms to raise the surge.

36. Treatments like hydroxychloroquine, ivermectin and zinc work. Since the outbreak, treatment is no longer an uncertainty. There is no shortage of ventilators.
37. This is a HUGE governmental cover-up. The Covid crisis was political to help elect Joe Biden. 165 million Americans are now vaccinated. When people receive the shot, their immune system is distressed. This causes them to asymptotically get COVID-19. That is the cause of the spread. Also, since the mRNA only makes the spike protein, it is to antibody specific vs. an attenuated virus vaccine like influenza. Viruses mutate but the shot is not killing off the variants which is causing more infectious variants such as the Delta to spread. Our government is pushing for the shot to cover-up their mistakes. If EVERYONE is vaccinated, then no one will be the wiser since we will ALL be in the same boat.
38. It is the classic: it is too deep to come clean now.
- 39. This email from a St. Elizabeth nurse on August 19, 2021 requires it's placement in its entirety. This email is a representation of nearly 10,000 emails in the two weeks received by Deters Law from healthcare workers.**
- "Here is what I know: As of yesterday, in all St E's 3 major hospitals (EDG/FLO/FTT) there are 118 pts "diagnosed" with Covid-19 and are in Airborne Isolation precautions. Of those 118 pts, 16 of them are in ICU beds.**
- I count the patients regularly. What I have seen continuously in all pts is as the numbers grow, it still remains 1/3 of them are vaccinated. AND (as of yesterday) out of those 118, the MICU has 5/9 pts with Covid who are vaccinated, SICU has 1/1 with Covid who are vaccinated, CICU has NO Covid positive, FTT ICU has 3/3 Covid positive who are vaccinated and FLO ICU has 1/4 Covid positive who are vaccinated. So out of ALL the Covid positives that are in all of the ICUs there are only 16 pts, 10 of which are vaccinated....that is well above a third. AND there are at least 20-30 that are Vaccinated that are in the other units that do NOT have a Covid diagnosis, but for some weird reason they all have developed Acute Respiratory Failure from Pneumonia in the middle of the summer.**

**There is also a case of one of my patients that is diagnosed with Covid that has NO test results either outside St E or inside St E documented anywhere in her chart. All the notes from doctors say she was diagnosed with Covid outside of the hospital, but all that is really in her chart is a note that the EMT stated that some RN told him she was diagnosed with Covid, but there is NO evidence of it and St E never tested her to be sure....they are counting her Covid positive on hearsay.**

**Another one of my patients tested positive at St. E, got better, went to Encompass Rehab and had to be readmitted to St E. Prior to his admission, he tested negative at Encompass, but St. E had him Covid positive again. I called Encompass, had them fax his test results, sent them to the MICU and they did not care. They left him in the system as Covid positive and NEVER was that negative test document scanned into his chart. Both of those Covid positive cases counted in St E's numbers were of pts unvaccinated."**

40. The following email is from a Christ Hospital nurse:

**A member of the infectious control committee of Christ Hospital informed several staff that only 50% of the Covid tests are accurate. He said that out of his own mouth that it's about the money. He said doctors and hospitals are pushing these tests and even skipping over proper assessments because with each positive test the facility gets around 10,000 dollars, every hospitalization they get around 15,000, and with every death it's around 30,000. That's why even though the hospitalization may have not originally been due to COVID (patient had a heart procedure, but tested positive), they will put the cause was COVID. Or cause of death was COVID. I also overheard two doctors talking in the hall when vaccines first started coming out about how they had several in-patients and people coming in through the OR with these side effects or adverse reactions to the vaccine and they didn't know how to treat it. During the pandemic starting last year Christ told the employees that even if they were exposed to COVID we still had to come in if we weren't symptomatic.**

41. It makes no sense to require remote workers to receive the vaccine.

42. Now the VA is requiring weekly testing for Covid. The tests are PCR tests which are used for DNA testing and the creator of the test states that this test should not be used for Covid testing. They are using up to 45 x replications which creates a 97% false positive rate.

43. A VA employee stated: “If I am tested and it comes back positive (even though I am not and have no symptoms) I would have to be off work for 2 weeks and use my vacation time.”
44. On August 3 the Ohio Hospital Association (OHA) issued a directive to all the hospitals regarding mandating the vaccines. The CEO is Mike Abrams.
45. On August 5 Tri-Health issued the statement to the media/public about the mandating of the vaccines.
46. On the very same day Mike Abrams was elected to the Board of Trustees of the American Hospital Association. This organization issued a memo to suspend all memberships in which the member disagreed with the electoral college results of the Biden election. (see below link.) <https://www.aha.org/press-releases/2021-01-14-aha-statement-political-giving-practices-following-tragic-events-us>
47. Abrams’ appointment on the AHA was his payback for moving all the hospitals to mandate the vaccine under his command at the OHA. It’s evil.
48. The AHA and OHA is recommending these mandates solely out of financial bribes.
49. Robert Wiehe, Chief Administrator Officer at UC Medical Center on August 20, 2021 sent out this message to all the UC Medical Center workers: “UC Medical Center continues to have staffing vacancies in most of our clinical areas. Leadership reviews our staffing levels on a daily and weekly basis to assure that we are maintaining safe levels of care for our patients. Operationally, we have closed rooms, tightened our transfer policy and constrained some admissions from our surgical and procedural areas. We are doing this to help control staffing ratios and provide safe care for our patients and employees. We do not take these decisions lightly and continue to work with all stakeholders to look

for innovative solutions to increase our staffing levels. As always, thank you for your resilience and what you do every day for our patients. See below for details on many of the interventions that have already begun or are ongoing.”

50. This is indicative of all hospitals. And it’s being caused not by Covid, but by the hospital mandates.

51. On August 17, 2021, SEH had 59 Covid patients. The hospital reported 118. This is also going on in every hospital.

52. About 90% of SEH employees received a 2% pay increase the third week of August.

This was very unexpected because a prior email last week included that the increase was only for pay grades 142 and below. Instead just about everyone received it. Bribery.

53. SEH opened the cafeteria to visitors but the problem is its been closed to them the whole “pandemic.” Why open it now if there is such a huge surge in positive patients?

54. Hospitals have refused to answer questions to workers regarding who would be liable if they suffer adverse consequences from the vaccine.

55. Hospitals refer their workers to their FAQ (frequently asked questions) for answers to questions which do not exist on FAQ.

56. Hospitals have offered cash bonuses for nursing referrals.

57. Hospitals are demanding the vaccine to be taken from young nursing students from area colleges who must work in their hospitals for clinicals.

58. OB/GYN groups from the hospitals refuse to write medical exemptions for their pregnant patients even when there are no studies how the vaccines might harm a child.

59. The hospital workers are witnessing firsthand every day the vaccinated having adverse reactions.



60. The hospitals will manipulate the Covid-19 testing on those workers who refuse to take the vaccination.
61. Hospitals are delaying the determination of workers declination forms.
62. Hospitals through their actions are causing patient care issues by the workers being turned against each other.
63. The entire purpose of the vaccine is to protect the person taking it, not others.
64. If masks work as claimed, why are workers not allowed to wear the exact same type of mask they have been wearing for a year and a half.
65. The test uses a Q-tip with a known carcinogen, ethylene oxide. Repeat tests expose workers to this at levels with an unknown risk.
66. The mandate for boosters could go on and on.
67. There is no determination between the Covid-19 virus and the flu virus.
68. Most Covid hospitalizations are people with comorbid conditions. Workers who are healthy, have had Covid, eat well, exercise and take care of themselves have more than enough of an immune system to defend themselves.
69. The statistics from WHO reflect death by diabetes is a great issue than death by Covid. It is three times more deadly.
70. The package inserts from the vaccines are blank.
71. If you have to persuade, remind, pressure, lie, incentivize, coerce, bully, social shame, guilty trip, threaten, punish and/or pay people to gain compliance, you can be certain what is being promoted is not in your best interest.
72. The vaccine cards being used don't have one, but four places for shots. Four shots planned from the beginning?

73. These hospitals receive tax exempt status and therefore receive special treatment from the government.

74. Local news media prepares constant puff community pieces for tristate hospitals while receiving after car sellers, the most advertising dollars.

75. According to VAERS analysis on August 6, 2021 for through July 30, 2021:

\*US Data Only

<b>High Level Summary</b>	<b>Covid-19 Vaccines Dec. 2020-Present</b>	<b>All Other Vaccines 1990- Present</b>	<b>Covid 19 Vaccines Dec. 2020-Present</b>	<b>All Other Vaccines 1990-Present</b>
<b>Number of Adverse Reactions</b>	571,831	812,603	451,049	712,541
<b>Number of Life Threatening Events</b>	13,139	13,383	7,603	9,546
<b>Number of Hospitalizations</b>	51,242	77,634	26,798	37,594
<b>Number of Deaths</b>	12,791	8,867	5,859	5,005
<b>Number of Permanent Disabilities After Vaccine</b>	16,044	18,944	6,654	11,895
<b>Number of Office Visits</b>	95,886	42,049	90,432	40,793
<b>Number of Emergency Room/Dept. Visits</b>	70,610	208,849	61,956	199,944

76. Hospitals are refusing to accept responsibility for adverse reactions for vaccines.

77. Patients who are fully vaccinated aren't being swabbed for Covid prior to procedures.

78. The most knowledgeable segment of our community about a vaccine, healthcare workers, are resisting the vaccine.

79. Covid 19 now has provable treatments.

80. Hospitals are counting unvaccinated Covid admissions and death, not vaccinated.
81. During the Covid 19 pandemic, the seasonal flu miraculously disappeared.
82. Hospitals are refusing psychological medical exemptions.
83. Doctors are refusing to write medical exemptions for workers who have allergies to flu vaccines.
84. Hospitals are offering bonuses.
85. Hospitals have been engaged and continue to be engaged in massive manipulation of Covid 19 related numbers.
86. Hospitals have lied about how many Covid 19 patients are in their hospitals.
87. Hospitals have lied about the number of vaccinated patients with Covid 19.
88. Hospitals have had their physician groups hospitalize patients that should not be hospitalized.
89. Hospitals have made false reports to state and federal agencies about their Covid 19 data. This is criminal conduct.
90. Hospitals have lied to the media and public to manipulate the public through fear to become vaccinated and support their hospitals.
- 91. To lie and to coerce; to manipulate; to bribe and the healthcare workers who in 2020 were HEROES to force them to take a vaccine or be FIRED, DISCHARGED, DISMISSED from not only their job, but lose their careers is the most despicable act against workers in American history.**
92. The entire out of control vaccination campaign is predicated by the hospitals relying upon employment at will and that any employee can reject the vaccination and face discharge in lieu of vaccination. That cannot stand in these circumstances.

93. The U.S. government and state government has ordered these vaccinations. But for the government mandates, there would not have to be a healthcare worker mandate.

94. In fact, from January 1, 2020, to the present, healthcare workers took care of patients with protocols which worked just fine without the need of vaccination.

95. The mandate does not come from the hospitals. It comes from the government who cannot force vaccinations.

96. There is in fact a criminal conspiracy between the U.S. government, state government, media, pharma and corporate healthcare to line their pockets at the expense of the healthcare workers and American taxpayers.

97. These entities have collaborated and conspired together to falsely report and declare information to INDUCE the American public and healthcare workers to take the vaccine.

98. They do so knowing the adverse consequences and risks of the vaccine outweigh the benefit.

99. They want workers who work at home to be vaccinated.

100. They want workers who have protective antibodies to be vaccinated.

101. They want pregnant women to be vaccinated.

102. They want workers who are immunocompromised to be vaccinated.

103. They want workers who have no patient contact to be vaccinated.

104. Hospitals also have told their physician groups to deny all medical exemptions.

105. This is an unethical and tortious interference with the healthcare of their very own workers.

106. Hospitals have violated HIPAA in their investigation of their workers, including illegally looking at their electronic healthcare charts.

107. Hospitals are now changing policies on an even daily basis to manipulate and threaten workers.
108. Hospitals attempt to have healthcare workers become insubordinate so they could fire them and avoid unemployment.
109. Hospitals have participated in clinical trials of the vaccines creating conflicts.
110. Hospitals have changes policies on temperature and testing to reporting so workers can work sick.
111. Those who have received the vaccination include those who did so under severe duress.
112. The CDC and NIH have participated in the fraud upon the public with refusal to release information and misrepresenting other information.
113. The Hospitals are causing healthcare workers to leave the field and the very collapse of healthcare system is at stake from that- not Covid 19.
114. Social media has perpetrated and controlled only one message on Covid, the message of Joe Biden's administration, CDC, Dr. Fauci, corporate healthcare, federal and state governments and pharma.
115. The hospital vaccine requirement is "an affront to human dignity and personal freedom because it violates a person's basic right to control our bodies."
116. In America's free society all people have the right to decide their own medical treatment — especially to decide what to inject into their bodies. And every person has the right to make that decision voluntarily, free from coercion by anyone, and to be fully informed of the benefits and especially the risks of that decision.

117. The vaccine policy is a violation of the right to informed consent and the right to refuse unwanted medical treatments.
118. This vaccine mandate undermines our Constitution and Bill of Rights by denying workers the freedom to make their own medical decisions.
119. No one should be forced or coerced into accepting any medical procedure against their wishes. When the low risk to young adults from COVID and the known and unknown risks from the vaccines are taken into account, the hospitals' actions recklessly endanger its workers.
120. As confirmed by the Centers for Disease Control and Prevention, young people are at minimal risk of long-term effects or death from COVID and have a 99.985% survival rate if infected with the virus.
121. However, the most recent COVID vaccination injury update from the Vaccine Adverse Events Reporting System (VAERS) — one of the tracking systems of the U.S. Department of Health and Human Services — shows that between mid-December, 2020 and August 6, 2021, 559,040 adverse events were reported to VAERS, including 12,791 reports of deaths, many in young people ages 12 to 25.
122. In comparison, after approximately 50 total deaths following swine flu vaccination in 1976, that vaccine campaign was immediately aborted.
123. Unjustified fear and insatiable greed drive the vaccine industry, especially now, during the pandemic. This has created an opportunity for manufacturers to bring to market expensive, novel and patentable drugs, vaccines, biologics, treatments and medical devices that will reap huge profits.

124. It is incredibly unnerving that the hospitals would play Russian Roulette with the lives of the workers it claims to protect, “with greed and ties to Big Pharma being prioritized over our safety and free will.”

125. The hospitals believe they can do what they want because the state and federal government and media will leave them to do whatever they want.

126. The hospitals are out of control bullies and political and criminal gangsters.

127. The hospitals are having issues NOT because there are no beds, but because of not enough staff caused in part by their policies.

128. The hospitals have in their religious and medical exemptions and waivers, releases the language including: “I want to receive the Covid 19 vaccination.” This is false.

129. The hospitals are holding fraudulent question and answer sessions.

130. On July 8, 2021, Secretary Xavier Becerra stated “To be clear: government has no database tracking who is vaccinated. We’re encouraging people to step up to protect themselves, others by getting vaccinated. It’s the best way to save lives and end this pandemic.” This is a lie as each state has a database and it is easily accessible to track who has been vaccinated.

131. The hospitals all played along with government with Covid diagnosis for everything from a hangnail to a massive heart attack. Now they have to make you jump through the hoop or they will have to give all the government Covid money back. The hospital sold its soul to the devil for their corporate benefit.

132. Providers are resuming telehealth visits, “due to increasing Covid cases.” An office does not need as many staff members since there would be minimal to no patients

coming in. if there is a mass firing due to rejecting the vaccine, they can pull office staff to cover hospital staff.

133. The Vax-a-million, announced by Ohio Governor Mike Dewine on May 12, gave \$1 million to five vaccinated adults and a college scholarship to five vaccinated youth over five weeks. The state spent about \$5.6 million on the effort.

134. On August 17, Kentucky Governor Beshear stated: “The situation is serious, and it’s alarming, and it’s nearing critical. When the ICU fills up because of Covid, it means that there is not a bed when someone is in that car accident, has a heart attack, has a stroke.” This was and is in a fact a lie. Nurses working in those ICU’s of the hospital report it is not true.

135. Management and physicians were told they can’t protest or speak up because it’s against leadership and reputation.

136. Hospitals are using contract paybacks to force vaccinations.

137. Masks are now proven to be only a 10% protection.

138. Covid 19 vaccines are increasing the risk of hospitalization and death.

139. Antibody tests have been used to avoid measles, mumps and rubella vaccines.

#### **FACTUAL ALLEGATIONS FROM ST. ELIZABETH HEALTHCARE**

**140. The following facts come directly from current Defendant employees with direct and personal knowledge and have had the courage to send the information by email. Thousands of emails have been received. Twenty-seven courageous employees have agreed to be Plaintiffs. Over one hundred more have agreed to be part of this litigation and class, but not have their names used. Based upon emails and protests, thousands of SEH and SEP employees support this litigation, but out**



**of fear do not want their names yet public. In fact, if 40% are not vaccinated as believed, over 4,000 support this action.**

**141. This past week SEH claimed 129 hospitalized with Covid. They don't report 32% of them were vaccinated. SEH refuses to provide on these Covid patients, their age, underlying health issues, number on vents, duration of stay, etc. All hospitals are doing this.**

142. Based upon this chronology of events, the American public and well educated and trained healthcare workers (40% in the tristate believed not vaccinated by August 1, 2021) have good reason not to trust the vaccine and those who promote it.

143. SEH and SEP is mandating their employees be fully vaccinated by October 1, 2021 or be discharged. The first shot they are requiring is by September 1, 2021.

144. On December 31, 2020, Robert Pritchard Jr. and Larry Kendall sent out an email to all staff stating that the vaccines were now available for all that would like to receive it. The email stated that those who were not high risk and immunocompromised should wait and allow those that are more time to receive it. They stated that the Covid-19 vaccine was not mandatory in order to keep your job.

145. On August 3, 2021, an employee reports that only staff that was not vaccinated were asked to wear masks in their department. Employees felt this was pointing them out and being discriminatory towards them.

146. On August 10, 2021, after several complaints from the staff, the department made it mandatory for all of them to wear masks whether they were vaccinated or not.

147. On August 5, 2021, an email was sent out to all employees, vendors, volunteers, contractors, etc. that states all must be fully vaccinated by October 1, 2021.

148. On August 12, 2021, an email was sent out to all employees stating that if they refuse the vaccine that the employee will be terminated, and unemployment will be denied.

149. On August 12, 2021, a nurse cared for a dying patient who was fully vaccinated and had been admitted with COVID-19. His wife, who was also fully vaccinated was visiting and stated she had just been released from the hospital after contracting COVID-19.

150. St. Elizabeth has admitted to several employees that they have accessed their employee medical records through the EPIC system to determine whether they are vaccinated or not.

151. St. Elizabeth is making threats to employees that if they are terminated for refusing the vaccine then they will be forfeiting all PTO time they would have received as a payout.

152. St. Elizabeth Physicians are all refusing to sign any exemption forms for employees.

153. Employees report that bribes are being made to them to get the vaccine. These include but are not limited to;

- a. Pay Raises given outside normal yearly merit increases.
- b. Pizza Parties
- c. \$1000 weekly giveaways to those getting vaccinated.
- d. Reds tickets if vaccinated by that day at 5pm.

154. St. Elizabeth states that if exposed or diagnosed with COVID-19 and employee is not vaccinated, they will have to use their PTO time. However, if fully vaccinated, they will be paid outside their PTO and PTO will not be touched.
155. Employees state that all inpatient admissions are being tested for COVID-19 to help increase their numbers.
156. A billing office employee states that St. Elizabeth has what is called a “measure” system. The system states they must treat a certain number of diabetic, sick, routine checkup patients in order to meet a quota.
157. Billing department employee states there is questionable billing going on. Medicare/Medicaid is being billed differently than commercial insurance. Patients are being tested again once they get in the room and their insurances are being billed twice for the same procedure. Billing department employee states a gentleman was DOA when he arrived at St. Elizabeth. Doctors asked the staff to COVID test the patient because if he tested positive, the hospital would receive more funds.
158. Maria Rankin, AVP Revenue Cycle was asked by a staff member, “What are you going to do when all these people leave?” Maria Rankin responded, “Fucking replace them.”
159. Bruce Henley, CFO, has a daughter working there who is not vaccinated and was very vocal about not wanting to get it. After the mandate was released, she told another employee that “her Dad is trying to move her up the ranks, so she has to get it now.”
160. Bruce Henley, CFO, sends emails and has conversations with employees about the importance of being vaccinated and social distancing, however, him and his wife

went to Hawaii and had multiple layovers in “hot spots” for COVID-19. Once he returned to work, he was seen not wearing a mask on multiple occasions.

161. Employees are being bullied and told to update their resumes by upper management because they are about to “clean house.”

162. Dr. Douglas Flora, Rose Mulberry APRN, Kelley McGarvey APRN and other staff was overheard saying “anti-vaxxers are conspiracy theorists and are all stupid.”

163. St. Elizabeth is telling the public they don’t have beds to accommodate all the new cases of COVID-19 when in reality, it has nothing to do with COVID-19, it has to do with staffing not being adequate. Patients are being held in the ER for hours at a time after being admitted because half of the beds are “closed” because they don’t have enough staff to care for them.

164. Lead Dr. of Infectious Control stated in a forum they have no test to correctly diagnose the DELTA variant, yet they are telling the public that hospitalizations are on the rise due to the DELTA variant.

165. Patients are not receiving proper care due to the lack of staff.

166. Hospice employee states they are receiving more patients who are fully vaccinated than not. These patients are presenting with organ failure.

167. A general surgery employee states that they are not testing vaccinated patients when they come in.

168. An employee states that if you call in and state that someone in your immediate household has tested positive for COVID-19, you are being asked to report if you are asymptomatic.

169. Employees are being mandated to receive the vaccine regardless of their medical condition. Examples of these are as follows:

- a. Employee with fertility issues taking FEMARA was originally told by her St. Elizabeth OBGYN that she would sign an exemption form for her. Once the mandate was released, the OBGYN said she would not sign one for her.
- b. Employee with history of blood clots is being refused an exemption.
- c. Employee with Traumatic Brain Injury and seizures is being refused an exemption.

170. During a forum, a Dr. stated that everyone should be willing to take the vaccine so that “we know what the long-term side effects 10 years from now will be and assist in medical research.”

171. SEH review process includes Employee Health Services (EH) reviewing associate’s medical records for prior Influenza vaccine and exemptions.

172. On July 8, 2021, SEH advised failure to comply with mandated Influenza vaccination will result in termination.

173. SEH advises that the Influenza vaccine will prevent Influenza virus.

174. SEH advises the Influenza vaccine will prevent transmission of Influenza virus.

175. On August 5, 2021, St. Elizabeth Healthcare mandated the SARS- CoV-2 (Covid 19) vaccine for all associates, not patients or visitors.

176. SEH advised all associates that all benefits would be “striped” from them on October 1, 2021, if documentation is not received.

177. SEH CEO, Garren Colvin and SEP EVP/CCIO Dr. Richard Prichard, strictly informed SEP's physicians to deny all medical exemption requests no matter the circumstances.
178. SEH head Oncologist, Doug Flora, has been "baiting" his employees to determine their vaccination status.
179. SEH is knowingly falsifying numbers for COVID-19 positive patients.
180. SEH is knowingly using positive tests from deceased patients for current patients.
181. SEH actions wholesale are unethical, illegal and immoral.
182. SEH is violating medical autonomy.
183. SEH is falsifying Informed Consent to those receiving the vaccine.
184. SEH leadership causing great peer pressure on employees to receive the vaccination.
185. SEH is using guilt to pressure employees.
186. SEH is ridiculing associates by falsely blaming and defaming them for "spreading Covid."
187. SEH is knowingly naming unvaccinated associates as "unvaccinated pandemic."
188. SEH is refusing other alternatives to mandate the COVID – 19 vaccines.
189. SEP physician in Butler, Ky. office has been advising his students to "push vaccine."
190. SEH has a current nursing and staffing shortage.
191. SEH is aware of current nursing associates working excessive overtime due to nursing shortage.

192. SEH was making associates re-use Personal Protective Equipment (PPE) during midst of pandemic.
193. SEH was using UV lighting to sterilize N95 masks during midst of pandemic.
194. SEH is knowingly holding career and salary as leverage to vaccinate.
195. SEH is coercing all associates with threats.
196. SEH is knowingly creating animosity between the vaccinated and unvaccinated associates.
197. SEH is knowingly creating mental health distress in associates regarding COVID–19.
198. SEH COVID–19 mandate is creating associates home issues with spouses and significant others.
199. SEH is forcing their associates to undergo a medical procedure they do not want.
200. SEH is guiltting their associates by stating “Your responsibility and duty to protect the community and your families.”
201. SEH is refusing associates option of Serology Testing (blood draw) to prove antibodies.
202. SEH knowingly knew of associates working COVID – 19 swabbing site in 95 degree weather, complete PPE with no water, shade or tent.
203. SEH knowingly is putting patients’ lives at risk by the vaccine mandate.
204. SEH knowingly refused to offer COVID pay when associates contracted COVID – 19.
205. SEH knowingly and sadly paid associates out of associates earned vacation time.
206. SEH knowingly refused to pay associate for the second week.

207. SEH knowingly refused to offer Covid pay to associates working during pandemic.
208. SEH is threatening a fifty-dollar paycheck deduction for the unvaccinated associates.
209. SEH is threatening to terminate contracts of contracting companies that do not mandate vaccine.
210. SEH is knowingly telling associates the “chatter” needs to stop.
211. SEH directors are approaching unvaccinated associates questioning why they aren’t vaccinated.
212. SEH physicians are knowingly screenshotting associates’ personal social media pages.
213. SEH Security Dept. is reporting associates (off duty) who take part in protests of CEO.
214. SEH physicians knowingly reporting associates’ personal views of vaccine to directors.
215. SEH physicians are knowingly harassing unvaccinated associates.
216. SEH CEO, Garren Colvin and EVP/CCIO, Dr. Robert Prichard, falsifying facts about COVID-19 vaccine.
217. SEH refuses to count the number of adverse reactions to the COVID – 19 vaccine.
218. SEH is advising associates and patients any type of reactions from vaccine are “just coincidental.”
219. SEH is advising associates that are COVID positive, with minimal symptoms, are to report to work.



- 220. SEH is knowingly basing vaccination numbers on “national average.”
- 221. SEH is knowingly forcing staff to reuse their own thermometer cover during pandemic.
- 222. SEH is telling associates to share face shields (PPE).
- 223. SEH is refusing to admit patients for adverse side effects of COVID-19 vaccine.
- 224. SEH is refusing to document the reactions from the vaccine.
- 225. SEH Unit Managers are telling associates all money, from unit contract, must be repaid when terminated.
- 226. SEH House Supervisors are telling Labor and Delivery staff that no PPE carts are available for positive COVID-19 patients.
- 227. SEH knowingly has fully vaccinated patients dying from COVID-19.
- 228. SEH is knowingly putting careers in jeopardy.
- 229. SEH is knowingly causing healthcare students to fail courses due to mandate.
- 230. SEH is knowingly putting healthcare students in financial debt due to mandate.
- 231. SEH NICU Medical Director telling associates of unit they are “selfish not vaccinating”.
- 232. SEH, Adam Mardis is telling associates they do not have a choice on COVID-19 vaccine.
- 233. SEH, Hospice Unit is administering COVID-19 vaccines to non-verbal, actively dying patients without consent.
- 234. SEH, Hospice Unit is falsifying records indicating vaccination consent.
- 235. SEH, Hospice Unit is falsifying as to whom obtained consents.

236. SEH physicians are telling associates/patients “the side effects are not from the jab.”
237. SEH is advising associates not to post on social media accounts regarding vaccines/protests.
238. SEH Infection Control doctor stated in forum they could not address any questions related to mandate.
239. SEH has removed said forum, with Infection Control doctor, making it unavailable to associates.
240. SEH associates are not allowed to have an opinion that goes against corporate narratives.
241. SEH Unit managers are telling associates they are required to get vaccine on Thursdays so they can recover from side effects on their “own time”.
242. SEH physicians are being told by CEO, Garren Colvin and EVP/CCIO, Dr. Robert Prichard, the physician cannot sign any exemptions due to SEH supporting vaccine.
243. SEH has voiced that terminated associates will be unable to collect their retirement funds.
244. SEH was paid a bribe by the government to not fight the closures during the pandemic.
245. St. Elizabeth Healthcare Associates includes individuals employed by SEH associated facility, SEH physicians, mid-levels and resident physicians, volunteers and contract staff.
246. St. Elizabeth Healthcare Facility is the separate business units of the SEH.

247. SEH mission statement states “As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve”.
248. On July 8, 2021, St. Elizabeth Healthcare (SEH) mandated the annual Influenza (Flu) Vaccine (IIV3 and IIV4) for all associates.
249. On July 8, 2021, SEH required proof of Influenza vaccine by December 1, 2021.
250. On July 8, 2021, SEH advised medical exemptions will be accepted. Pending review.
251. Deadline for associate’s completion of COVID – 19 vaccine is October 1, 2021.
252. On August 5, 2021, SEH advised medical and religious exemptions are allowed.
253. On August 5, 2021, SEH advised approved vaccine exemption (specifying a reasonable accommodation if applicable and available) must be submitted by October 1, 2021.
254. On August 5, 2021, SEH advised all exemptions must be received by EH by September 15, 2021.
255. On August 5, 2021, SEH advised they will make decision in a fair and non-discriminatory manner.
256. SEH knowingly refuses to confirm receipt of sent medical/religious exemptions.
257. SEH is knowingly not reviewing exemptions until on or after September 15, 2021.
258. On August 5, 2021 SEH advised they prohibit any form of discipline, intimidation or retaliation for reporting any health or safety concerning the COVID – 19 policy. This is not true.
259. On August 5, 2021, SEH will not discharge, discriminate or retaliate against associates for reporting good faith health and safety concerns.

260. On August 11, 2021, SEH knowingly held an emergency management meeting re: new edict that if first vaccine is not received by September 1, 2021, they would mandate the Johnson & Johnson (1 step) vaccine to meet the arbitrary deadline.
261. Any exemption must have approval of the President/CEO, Garren Colvin, or designee.
262. Any exemption must be coordinated through SEH Human Resources Dept.
263. Personal and philosophical reasons for not receiving COVID – 19 vaccine will not be granted.
264. SEH knowingly has an interview process to question associates with exemptions.
265. SEH knowingly is mandating personal religious information from associates.
266. On August 10, Sarah Koeninger RD, LD, stated to all associates via marketing email “ I ask that you please make that decision as soon as possible and let me know so that we can part ways sooner than later”.
267. SEH Director, Jason Minton, notified associates via email, they will be ineligible for unemployment benefits upon termination.
268. SEH knowingly was awarded government funding from if facilities “mandated” vaccine.
269. SEH knowingly forces physicians to violate the Hippocratic Oath or be reprimanded.
270. SEH knowingly forces nurses to violate the Nightingale Oath or be reprimanded.
271. SEH is knowingly disregarding the Nuremberg Code.
272. SEH is knowingly using incentives and bribes for COVID-19 vaccine.

- 273. SEH knowingly paying associates \$1,000.00 weekly via VAX Bucks incentive to receive COVID-19 vaccine.
- 274. SEH is knowingly giving all associates Cincinnati Reds tickets as a way to coerce them to stay at facility.
- 275. SEH knowingly has associates on FMLA due to Adverse side effects from COVID-19 vaccine.
- 276. SEH knowingly is denying medical letters from outside physicians regarding associates with medical conditions re: COVID-19 exposure.
- 277. SEH EH dept. is unable to provide specific information on COVID – 19 vaccines.
- 278. SEH knows there is NO specific test to rule the Delta variant.
- 279. SEH knows that the PSR testing can not specify a specific virus.
- 280. SEH is knowingly aware that antibodies remain in person's blood for 90 days.
- 281. SEH is knowingly aware that patients/associates tested within 90 days of positive test will result in false/positive readings.
- 282. SEH is knowingly aware that they cannot count positive tests conducted within 90 days of positivity.
- 283. SEH is stating the COVID-19 vaccine prevents one from COVID-19 virus. That is not true.
- 284. SEH states the COVID-19 vaccine prevents transmission of the COVID-19 virus. That is not true.
- 285. SEH knowingly acknowledges COVID-19 can be contracted in fully vaccinated.
- 286. SEH knowingly is falsifying the correct number of COVID-19 cases.
- 287. SEH knowingly is falsifying cases to the CDC and Government.

- 288. SEH knowingly is falsifying reports to VEARS on adverse side effects.
- 289. SEH knowingly is not reporting all adverse side effects to VEARS.
- 290. SEH knowingly is having associates report to work during exposure to positive COVID-19 family members in same home.
- 291. SEH knowingly requires associates to use 5 days paid time off (PTO) before disability benefits take effect.
- 292. SEH does not test vaccinated patients prior to any procedure, including surgery.
- 293. SEH requires all unvaccinated patients be Covid tested prior to any procedure, including surgery.
- 294. SEH no longer requires associates to have temperature checks.
- 295. SEH is insisting the side effects are caused from medical history of patient.
- 296. SEH is knowingly administering COVID-19 vaccines to in-patient Hospice patients, actively dying.
- 297. SEH is knowingly administering COVID-19 vaccines to Hospice patients without consent.
- 298. SEH charge nurses are knowingly falsifying documentation.
- 299. SEH charge nurse/house supervisors are documenting COVID-19 information under other associate's login information.
- 300. SEH knowingly is violating First Amendment Rights.
- 301. SEH knowingly is violating human, civil and legal rights.
- 302. SEH is knowingly violating HIPAA Policy.
- 303. SEH CEO, Garren Colvin, and EVP/CCIO, Dr. Robert Prichard, offering additional incentive if vaccination rate surpasses 75% by August 25, 2021.

304. Dr. Douglas Flora, Rose Mulberry, APRN and Kelley McGarvey, APRN is knowingly stating, “anti-vaxers are conspiracy and “anti-vaxers are stupid”.
305. SEH is knowingly creating a hostile work environment.
306. SEH knowingly paid retired nurses at the SETEC center twice the hourly rate of hospital staff nurses.
307. SEH Central Billing Office Director, Maria Rankin, stated that SEH would “fucking replace them” when asked what was going to happen when all associates were terminated or left.
308. SEH Manager of Pharmacy Outpatient, Erin Jansen, stated that each given vaccine is a “disease we’ve prevented” and “that’s a death we’ve prevented”. That’s false/misleading.
309. SEH is knowingly refusing medical exemptions to associates due to pregnancy/breastfeeding.
310. SEH is knowingly putting patient safety, health and safe care at risk.
311. SEH knowingly is disabling all email communication efforts once associates voice concerns.
312. SEH admits they viewed all associates medical records via EPIC to confirm vaccine. That’s illegal and HIPAA violation.
313. SEH is knowingly committing Adult Abuse according to their Standard Operating Procedure.
314. SEH received upwards of \$200 million from the American Cares Act and other various federal stimulus programs during the 2020 pandemic.

315. SEH profited \$130 million in lost revenue from cancelled elective procedures, test and visits.

316. SEH knowingly has \$184 million in investments in Central America and the Caribbean.

**317. SEP should be ashamed of the “harm” they are causing to countless HEROES by intentionally and criminally, with no backbone, refusing to give legitimate healthcare exemptions.**

318. Covid is not spreading among healthcare workers.

319. St. Elizabeth healthcare workers love their jobs and their careers. They have a right to work in their career. If healthcare is a right, their right to work in it is also a right.

#### **FACTUAL ALLEGATIONS RELATIVE TO CCHMC**

320. Children’s Hospital Medical Center (CCHMC) will place employees on two-week suspension on October 1, 2021, if not fully vaccinated for COVID-19.

321. The two-week suspension will give employees “time to think and comply.”

322. CCHMC will terminate employment on October 31, 2021, if employee is not fully vaccinated.

323. CCHMC CEO, Michael Fisher, lacks integrity.

324. CCHMC providing unethical and immoral actions.

325. CCHMC is violating medical autonomy.

326. CCHMC is falsifying Informed Consent.

327. CCHMC leadership causing peer pressure on associates.

328. CCHMC guilting associates.



- 329. CCHMC is knowingly holding career and salary as leverage to vaccinate.
- 330. CCHMC is coercing all associates.
- 331. CCHMC is knowingly creating animosity between the vaccinated and unvaccinated associates.
- 332. CCHMC is knowingly creating mental health distress in associates regarding COVID-19.
- 333. CCHMC COVID-19 mandate is creating associates home issues with spouse/significant other.
- 334. CCHMC advised associates not post on social media accounts regarding vaccines/protests.
- 335. CCHMC is forcing their associates to do an action that associate does not believe in.
- 336. CCHMC knowingly is putting patients' lives at risk by the vaccine mandate.
- 337. CCHMC is ridiculing associates by blaming them for "spreading Covid."
- 338. CCHMC has created a hostile work environment.
- 339. CCHMC giving employees very short and unfair timeline.
- 340. CCHMC is refusing employees alternative options to COVID-19 vaccine.
- 341. Religious and Medical exemptions being denied.
- 342. CCHMC requiring employees to report for shift even after exposure to COVID-19 person.
- 343. CCHMC is requiring employees to use their PTO if side effects from COVID-19 vaccine.

- 344. CCHMC refusing to allow employees to use accrued PTO time during COVID-19 “suspension.”
- 345. CCHMC utilizes a self-screening COVID process for employees.
- 346. CCHMC requiring religious or medical exemption to “prove nursing judgement or abilities.”
- 347. CCHMC HR department will decide who gets exemption approval.
- 348. CCHMC requires supporting documentation for religious exemption.
- 349. Dedication is no longer valued at CCHMC.
- 350. CCHMC not reporting all adverse side effects.
- 351. CCHMC pressuring employees to receive COVID-19 vaccine.
- 352. CCHMC criticizing unvaccinated employees stating they are “harmful.”
- 353. CCHMC, Cleft & Craniofacial Clinic physicians, tell other employees “the unvaccinated should be fired immediately.”
- 354. CCHMC, Cleft & Craniofacial physicians, tell other employees the unvaccinated “they should be ashamed of themselves.”
- 355. CCHMC offers cash incentives to get the COVID-19 vaccine.
- 356. CCHMC is shaming employees for not receiving COVID-19 vaccine to date.
- 357. CCHMC rehiring employees but requires vaccination decision before proceeding with orientation.
- 358. CCHMC is not providing internal website with an exemption option nor questions/concerns tab.
- 359. CCHMC is making mandate an ultimatum.

- 360. COVID-19 vaccine administration form requires signature stating, “I volunteered to take this vaccine.”
- 361. CCHMC has no regard to personal belief, natural immunity or informed consent.
- 362. CCHMC administration/management are bullying and harassing unvaccinated employees.
- 363. CCHMC is blatantly lying and passing false information to employees.
- 364. CCHMC employees are seeing employer retaliation.
- 365. CCHMC refuse to allow titer draws prior to COVID-19 vaccine.
- 366. CCHMC has threatened employees that if caught protesting for Medical Freedom, they will be terminated.
- 367. CCHMC is manipulating employees.
- 368. CCHMC is currently short staffed prior to COVID-19 vaccine mandate.
- 369. Physicians refusing to sign medical exemptions stating, “our hands are tied.”
- 370. CCHMC advising employees they are not receiving exemptions at this time.
- 371. CCHMC instructing physicians and nurse to push COVID-19 vaccine.
- 372. CCHMC refused to give employees annual raise in 2020 due to COVID-19 pandemic and expenses from it.
- 373. Personal and philosophical reasons for not receiving COVID – 19 vaccines will not be granted.
- 374. Deadline for associate’s completion of COVID – 19 vaccine is October 1, 2021.
- 375. CCHMC mission is “to pursue optimal health for every child within our reach.”
- 376. CCHMC CEO, Michael Fisher, has an income of 1.7 million annually.

- 377. CCHMC is knowingly mandating the booster vaccine once the requirements are presented.
- 378. CCHMC knowingly has an interview process to question employees with exemptions.
- 379. CCHMC knowingly is mandating personal religious information from associates.
- 380. CCHMC knowingly was awarded government funding from if facilities “mandated” vaccine.
- 381. CCHMC knowingly forces physicians to violate the Hippocratic Oath or be reprimanded.
- 382. CCHMC knowingly forces nurses to violate the Nightingale Oath or be reprimanded.
- 383. CCHMC is knowingly disregarding the Nuremberg Code.
- 384. CCHMC knowingly is denying medical letters from physicians regarding employees with medical conditions re: COVID-19 exposure.
- 385. CCHMC knowingly has to mandate the Influenza (Flu) vaccine, with 80% vaccination rate, in order to keep Medicare/Medicaid funding under the Affordable Care Act (ACA).
- 386. CCHMC unable to provide specific information on COVID – 19 vaccines.
- 387. CCHMC knows there is NO specific test to rule the Delta variant.
- 388. CCHMC knows that the PSR testing can not specify a specific virus.
- 389. CCHMC is knowingly aware that antibodies remain in person’s blood for 90 days.

- 390. CCHMC is knowingly aware that patients/associates tested within 90 days of positive test will result in false/positive readings.
- 391. CCHMC is knowingly aware that they cannot count positive tests conducted within 90 days of positivity.
- 392. CCHMC is stating the COVID-19 vaccine prevents one from COVID-19 virus.
- 393. CCHMC states the COVID-19 vaccine prevents transmission of the COVID-19 virus.
- 394. CCHMC knowingly acknowledges COVID-19 can be contracted in fully vaccinated.
- 395. CCHMC knowingly is falsifying the correct number of COVID-19 cases.
- 396. CCHMC knowingly is falsifying reports to VAERS on adverse side effects.
- 397. CCHMC knowingly is not reporting all adverse side effects to VAERS.
- 398. CCHMC knowingly is having associates report to work during exposure to positive COVID-19 family members in same home.
- 399. CCHMC knowingly is violating First Amendment Rights.
- 400. CCHMC knowingly is violating human, civil and legal rights.
- 401. CCHMC is knowingly violating HIPAA Policy.
- 402. CCHMC is knowingly committing Adult and Child Abuse.
- 403. CCHMC is forcing tyranny.
- 404. CCHMC Knowingly allowing management to call employees; stupid, dumb, incompetent, and uneducated.
- 405. CCHMC knowingly knows of an Ethics complaint filed on August 12, 2021 for workplace harassment.

406. CCHMC, Dr. Saal, is knowingly bullying employees stating, “you should be fired for not vaccinating.”
407. CCHMC knowingly has management texting employees recommending they find outside jobs outside of hospital.
408. CCHMC knowingly “suspended” an employee for posting on personal social media, opinions on hospital mandate. Advised her to not return until she sought medical attention from a physician stating she was “mentally fit to return”.
409. CCHMC knowingly denied a Christian employee a religious exemption and stated “It would have been approved if you were Indian.”
410. CCHMC knowingly changed termination wording to separation.
411. CCHMC is knowingly denying exemptions due to “the medical board and I recommend the vaccine”.
412. CCHMC CEO, Michael Fisher, is bypassing Directors in the exemption process.
413. CCHMC knowingly knows that PET scans regarding cancer patients will have a false/positive result. Due to the vaccine.
414. CCHMC is knowingly offering traveling nurses, who are vaccinated, to take NICU positions for \$2800/week.
415. CCHMC knowingly will not allow employees to work nor offer an additional incentive. Claims “better financially.”
416. CCHMC knowingly is aware that the VAERS website is reporting 6,000 deaths from the vaccine. Which is a lie, all cases are not being reported.
417. CCHMC knowingly is aware that the VAERS website is reporting 35,000 from adverse side effects. Which is a lie, all cases are not being reported.

418. CCHMC knowingly laid off employees from April 2020 – September 2020 due to lack of admissions.
419. CCHMC CEO, Michael Fisher, knowingly told employees they are not to take to any media outlets.
420. CCHMC CEO, Michael Fisher, knowing admitted that persons can still be infected with COVID-19 after vaccination.
421. CCHMC CEO, Michael Fisher, claims that natural infection is not more protective than the COVID-19 vaccine.
422. CCHMC CEO, Michael Fisher, knowingly claims the COVID-19 vaccines are proven to be highly protective, even against other variants.
423. CCHMC CEO, Michael Fisher, knowingly states that” it is impossible to contract COVID-19 from the vaccine.”
424. CCHMC CEO, Michael Fisher, knowingly states “testing forms we use can detect the variants”.
425. CCHMC CEO, Michael Fisher, knowingly stated “the trails so far have not tested the vaccine in immunocompromised people.”
426. CCHMC CEO, Michael Fisher, knowingly terminated two employees just for talking to media. On their personal time.
427. On August 5, 2021, Cincinnati Children’s Hospital Medical Center (CCHMC) sent out an email to all employees, vendors, contractors and volunteers that they must be fully vaccinated by October 1, 2021.
428. Exemption forms were not sent out until August 13, 2021.
429. Psychological Exemptions are not being offered as have been in the past.

430. Mandate states that if the vaccine causes side effects, employees must use their PTO time to be off.
431. By submitting a medical exemption, you are required to give CCHMC full access to your medical records.
432. Managers at CCHMC are encouraging their staff who refuse to get the vaccine to find a job outside the hospital.
433. In the hospital chat “YAMMER”, CCHMC doctors were telling everyone that no one has died from the covid vaccine.
434. Employee states that HIPAA and other privacy acts are not being followed by staff as they are asking people if they are vaccinated and their reasoning for not doing so.
435. Employee was told that her religious exemption was denied and that if she was “Indian”, they would have approved it.
436. Employee states that they were performing their own temperature checks at the beginning of their shift. They were to record it in a notebook and someone would come at the end of the shift and sign off on it.
437. Employee has asked for the ingredients of the vaccine several times and each time has been told they don’t have them.
438. Employee states that they are still looking for COVID vaccination participants in a study, yet they are mandating something they are still researching.
439. Employee states that numerous children who have received the vaccination have come back to their emergency rooms with cardiac arrest, myocarditis, endocarditis and many other issues.



440. Employees who have tested positive for antibodies are still being mandated to take the vaccine.

441. Employee states she asked her manager about getting a medical exemption due to nursing her child and was told to “switch her baby to formula.”

#### **FACTUAL ALLEGATIONS RELATIVE TO CHRIST HOSPITAL**

442. Christ Hospital sent out email to all employees, vendors, contractors and volunteers on August 5, 2021 that the vaccine will be mandated with a deadline of October 1, 2021.

443. Email dated August 5, 2021 stated that anyone getting the Moderna vaccine must get their first vaccine by September 2, 2021 and their second dose by October 1, 2021. Anyone not complying with the mandate will be subject to being suspended and/or terminated.

444. Exemption forms were sent out to staff on August 13, 2021 and must be returned no later than September 24, 2021.

445. Vaccine waiver that is to be signed by the employees, vendors, contractors and volunteer states that “I understand the benefits and risks of being vaccinated and I voluntarily assume full responsibility for any reactions that may result.”

446. If granted exemption, employees, vendors, contractors and volunteers agree to be tested weekly for COVID-19.

447. Deborah Hayes, President and CEO, told an employee “All healthcare facilities, not only from our area, but all of us will be implementing this policy, so think hard before making your decision to leave, you may not have a career.”

448. Member of Infectious Control Committee told a staff member that only 50% of COVID tests are accurate.

449. Billing department employee states that Christ Hospital receives around \$10,000 for a positive COVID patient, another \$15,000 for a COVID hospitalization and \$30,000 for a COVID death.

450. Employee states that if someone in their immediate family tests positive for COVID they are still required to report if they are asymptomatic.

451. Employee states that one employee called and stated her entire family had tested positive for COVID. Christ Hospital told the employee to report to work since she was asymptomatic. Employee reported to work and ate lunch with everyone in the lunchroom and took their breaks with other staff members as well. The employee was tested at the end of her shift and received a positive result.

452. Employee states that no COVID tests are being given to the vaccinated patients before their procedures and some have been tested after the procedure and found to have COVID.

453. Employee states that at first, temperature checks were being performed when they entered the hospital, but it has not happened in months.

454. Employee states that during the no visitor policy, nurses, at their discrepancy, were allowing certain families to come in and visit their loved ones.

455. Employee states that there has always been a pregnancy deferment option for any vaccine. However, Christ Hospital is not allowing this deferment for the vaccine mandate.

456. On July 11, 2021, an employee sent an email to Deborah Hayes, Thomas Lamarre, Victor DiPilla, Rosie Thomas, and Amanda Thompson, asking questions related to the Covid-19 vaccine.
457. On July 11, 2021, the President and CEO of The Christ Hospital Health Network (TCHHN), Deborah (Debbie) Hayes, replied to the email. In this reply, Debbie assured the employee “that there are NO financial considerations or incentives that are influencing any decisions that we make related to COVID or the vaccine.” In addition, Debbie stated that she hoped “that all of our team members will choose to stay with us once we move into the next phase of requiring the vaccine. A growing number of healthcare organizations across the county have already made their announcements to do so.”
458. On August 5, 2021, an email from the President and CEO, Debbie Hayes, and the Chief Clinical Officer/President TCHP, Costa Andreou, was distributed notifying of a new policy taking immediate effect and requiring the Covid-19 vaccine by October 1, 2021.
459. Those who have not received the Covid-19 vaccine by October 1, 2021, in accordance with the policy, will be deemed “unfit to work.”
460. Those who have received exemptions for the Covid-19 vaccine will be required to undergo testing for Covid-19 on a weekly basis.
461. On August 9, 2021, an email from the TCHHN President and CEO, Debbie Hayes, and the TCHP Chief Clinical Officer/President, Costa Andreou, was distributed which included a comparison of the Delta variant to the chickenpox and claimed that

everyone is vaccinated against the chickenpox. This same email also bargained productive dialogue for information needed for informed decisions.

462. On August 9, 2021, an employee sent an email to the head of infectious disease at TCHHN, Dr. Thomas Lamarre, asking two questions:

- a. “What test do we have to determine alpha vs delta variants?”
- b. “How do we know, beyond a shadow of a doubt, that the delta variant is running rampant?”

463. On August 10, 2021, Dr. Thomas Lamarre provided an emailed response to the employee which included the following statements:

- c. “The CDC reports viral sequencing data from 17 states that track variants.”
- d. “The Ohio Department of Health also performs viral sequencing, but not real time and their data typically lags 4 to 6 weeks behind everyone else’s.”
- e. “University of Cincinnati and Cincinnati Children’s both perform real time viral sequencing for the community (not published-personal communication; data also presented to ODH and Cincinnati and Hamilton County Health Depts.) with viral sequencing this past week demonstrating over 90% of viral sequences delta variant.”

464. On August 10, 2021, an employee received an email from Diane Bolser, Manager, Registration Services, identifying the employee “as an employee who has not received the Covid vaccine.” The email continued asking for proof of vaccination if already vaccinated, and if not already vaccinated asking about any questions regarding the exemption process and providing FAQs.

465. During a virtual meeting, Debbie Hayes stated “All healthcare facilities in not only this area but all over the US will be implementing this policy, so think really hard before making your decision to leave; you may not have a career!”

466. The Christ Hospital (TCH) has a policy stating that 100% remote employees are exempt from the 2021 COVID-19 vaccination mandate.

467. On March 16, 2021, Dr. Jamie Waselenko, a TCH physician, wrote a letter to TCHP Clinical Officer/President, Dr. Costa Andreou, expressing safety concerns surrounding the Covid-19 vaccination. Following the letter, Dr. Waselenko’s contract with TCHP was not renewed.

#### **FACTUAL ALLEGATIONS RELATIVE TO TRIHEALTH**

468. On August 5, 2021, TriHealth sent out email to all employees, vendors, contractors and volunteers mandating the vaccine by October 1, 2021.

469. Mark Clement, President and CEO of TriHealth, sent email out to staff and asking them to “do no harm to your patients and get vaccinated.”

470. Mark Clement, President and CEO of TriHealth said in an employee forum “In no way are we forcing you to get the vaccine. This is a choice, your choice to make and if whether or not you want to stay employed with TriHealth.”

471. TriHealth employees are being bribed to get the vaccine with Reds Tickets and pay increases.

472. Corporate employees have threatened staff that they are fully prepared to hire nurses from the Philippines and pay them \$50-\$70 an hour.

473. TriHealth has sent out emails to previous employees asking them to return and offering them up to a \$33,000 bonus.

474. Employee stated that a co-worker in management told her that TriHealth is receiving a kickback for getting their employees vaccinated.
475. Employee states that if an exemption is granted they are required to consent to weekly testing.
476. Employee states her manager knowingly had COVID and still came to work and made rounds without wearing a mask.
477. Employee states two co-workers that live in the same household and one tested positive for COVID and the other did not. The employee who did not test positive still had to report because she was asymptomatic.
478. Employee states that patients have been spread out over the entire hospital rather than centralized together due to a staff shortage and having to place them where beds were available.
479. Employee states that she has cared for COVID patients and open heart surgery patients during her shift. She reported it to the President and CEO, Mark Clement and was told “to continue to wear PPE and everything would be fine.”
480. Employee states that she was left alone during her shift with 9 patients by herself due to staffing.
481. Employee states that the ratio on critical floors is 6-7 patients per nurse, which is not following procedure.
482. Employee states last year on the 11<sup>th</sup> floor at Good Samaritan, a patient was found dead in their room and not been checked on for over 8 hours due to staffing issues.
483. TriHealth managers are encouraging anyone who is breastfeeding a child to get the vaccine and “pass the antibodies on to their babies.”

484. Employees who are pregnant or who are experiencing fertility issues are being mandated to get the vaccine because their exemptions are being denied.

**FACTUAL ALLEGATIONS RELATIVE TO UC HEALTH**

485. On August 5, 2021, University of Cincinnati Medical Center emailed all employees, vendors, contractors and volunteers informing them of the vaccine mandate for October 1, 2021.

486. On August 10, 2021, an email came out stating “Our tests look for pieces of viral genetic material specific to the virus that causes COVID-19. However, we don’t sequence viral specimens, so we can’t tell which strain (ex. Delta variant) it is.

487. Rick Lofgren, CEO of UC Health is President of the Ohio Hospital Association. He is pushing vaccine mandate on everyone. On a live broadcast to the staff, he stated the vaccine was safe and has no long-term effects. However, when it was published, the version they received live was altered and didn’t have the same comments in it.

488. UC students were told that they can request an alternative site placement should they choose not to take the vaccine. If an alternative site is not available, then it will affect their on-time completion of academic requirements and/or graduation.

489. On August 12, 2021, staff statistics were sent out to an employee. It stated they had to close down 13 beds in the 3 South (Neuro), 4 beds in 5 SW, 4 beds in Ridgeway inpatient and 8 beds in 8 NW due to lack of staffing.

490. On August 12, 2021, the supply report stated that the use of the supplies had decreased in the following areas:

- a. N95 masks
- b. Simple masks

c. Isolation gowns

d. Bleach Wipes

491. On August 12, 2021, the employee health reports stated that they had 40 positive COVID tests from the staff, 17 of those had been vaccinated in the last 7 days.

492. On August 16, 2021, Jimmy Duncan, SVP and Chief Human Resources announced a \$52 million investment into their employee incentive program which included pay increases and referral bonuses.

493. Employees feel they are being discriminated against for not getting the vaccine. Managers are making cruel comments to the staff who are refusing.

494. Employee in the Radiology department states she told her manager she was not going to receive the vaccine. The manager responded in front of the entire department “Bunch of DAMN anti-vaxxers.”

495. Employee states he is recovering from a brain aneurysm and being denied an exemption.

496. Employee states she knows of several patients who received the vaccine and it was never documented.

497. Defendant UC Health has internally adopted a blanket policy of refusing to grant or even *consider* any medical or religious exemptions from receiving the mandated COVID-19 vaccine.

498. Defendant UC Health routinely ignores any and all medical conditions of concern to Plaintiffs, and mandates that all Plaintiffs receive vaccination despite *any* medical condition which poses problematic to vaccination. Such mandate has, at times, stood in



spite of multiple physicians advising an employee against receiving the COVID-19 vaccine.

499. Defendant UC Health refuses to medically exempt employees from COVID-19 vaccination who have had previous adverse reactions to other vaccines.

500. Defendant UC Health refuses to accommodate any employee who sincerely holds religious beliefs precluding the employee from voluntarily receiving the COVID-19 vaccine.

501. Defendant UC Health mandates COVID-19 vaccination for all employees who are pregnant, nursing, or trying to become pregnant, in spite of any concerns or objections such employees have to receiving vaccination on this basis.

502. Defendant UC Health makes no exemption to the mandated COVID-19 vaccine for employees who have already contracted COVID-19 and fully recovered, regardless of tests indicating such employees retain COVID-19 antibodies.

503. Defendant UC Health makes no exemption to the mandated COVID-19 vaccine for employees working entirely remotely, in spite of the fact that such employees never interact in person with coworkers or the public.

#### **FACTUAL ALLEGATIONS RELATIVE TO MERCY**

504. On August 5, 2021, an email was sent by David Fikse, President/Cincinnati Market to all roles within Mercy Health, whether clinical or shared services, working on site or remotely stating that a vaccine mandate was “coming” but failed to give a deadline.

505. Mercy Health stated they were not mandating the vaccine “system wide” but rather only mandating it in select markets.

506. Brian Smith, Chief Operating Officer stated that this decision was based on “our firm belief, grounded in scientific evidence, that the benefits of the vaccine far outweigh any potential risks.” Brian Smith has been pushing the vaccine to employees since the announcement was made.

507. As of August 12, 2021, after repeated requests for exemption forms, Mercy Health they had to “create them” and would get them out as soon as they could.

508. Employees state that within 24 hours of the mandate being announced, raises were announced to almost the entire staff.

509. Employees states that in addition to the raises that they are receiving bribes of being entered into a raffle for \$1,000 if they get the vaccine.

510. Several employees report that they have been using improper PPE since the pandemic started.

511. Employee states that Mercy Health sent an interdepartmental memo stating the N-95 masks are no longer needed in COVID-19 confirmed cases, unless an aerosolizing procedure is taking place.

512. Employee states the form required when vaccinating a patient is called a VIS (Vaccine Information Statement) is not being used. Instead, they are using an EUA form.

513. Several employees report they were required to re-use their N-95 masks due to a shortage.

514. Employee states that when the pandemic started, they didn’t have enough masks in the hospital so they had to reach out the community for help to acquire some.

515. Employee in the Maintenance department states that he watched all the fraudulent spending going on and when something was needed they were told to “charge it to the COVID funds.”

516. Employee states that she is seeing firsthand the effects of the vaccine which are but not limited to;

- a. Tremors
- b. Pulmonary Embolisms
- c. Neurological Disorders
- d. Blood Clots
- e. Death

517. Employee states that she received a call from a patient’s family member because they had received the death certificate of their loved one. The family was upset because the cause of death was listed as COVID. The family member stated that she called the Cincinnati Coroner’s Department and was told they had to put COVID down regardless if it was the direct cause or not.

518. Several employees state that the majority of those hospitalized at this time are vaccinated patients.

519. Several employees state that with a positive COVID diagnosis in their direct household; they were told to report anyway as long as they weren’t running a fever.

520. Employee states that many in her department are trying to get pregnant, are pregnant and/or breastfeeding their children and have autoimmune disorders and are being told they will still be required to get the vaccine.

521. Several employees states they are suffering from panic attacks and emotional breakdowns over being required to get the vaccine and the uncertainty of their future.

### **CAUSES OF ACTION**

#### **I. VIOLATIONS OF SHERMAN ANTITRUST ACT [15 U.S.C.A. §§ 1, 26]**

522. As alleged in this Complaint, Defendants and their co-conspirators combined, conspired, and agreed to stifle competition and fix, and illegally coerce employees to receive experimental vaccines, thereby maintaining and stabilizing to their advantage the market for employment of healthcare workers in the Tri-State area. This combination, conspiracy, and/or agreement unreasonably restrained trade in violation of the federal antitrust laws.

523. Defendants and their co-conspirators unlawfully exercised monopoly power by threatening unlawfully to terminate employees throughout the greater Cincinnati area by acting in concert to do so. The defendants are, in concert, blackballing these employees from any employment in the greater Cincinnati area. They will never be employed again here by their concerted activity and unlawful exercise of monopoly power.

524. Specifically, the anticompetitive combination, conspiracy, and/or agreement alleged in this Complaint is a per se violation of the Sherman Act, [15 U.S.C.A. § 1](#). Alternatively, the anticompetitive combination, conspiracy, and/or agreement alleged in this Complaint resulted in substantial anticompetitive effects in the market for employment of healthcare workers in the United States in violation of the Sherman Act, [15 U.S.C.A. § 1](#).

525. Defendants intended to restrain trade and actually restrained trade in violation of Sherman Act, [15 U.S.C.A. § 1](#). Defendants shared a conscious commitment to the

common scheme designed to achieve the unlawful objective of fixing, maintaining, stabilizing and coercing employees to undergo unwanted medical treatment by colluding and united together so that any dissenters would have no other place to work and thereby stifling competition in the market for healthcare workers.

526. The anticompetitive combination, conspiracy, and/or agreement alleged in this Complaint unreasonably restrained trade, and there is no legitimate business justification for, or procompetitive benefits of, Defendants' unreasonable restraint of trade. Any alleged procompetitive benefit or business justification is pretextual and/or could have been achieved through less restrictive means.

527. The anticompetitive combination, conspiracy, and/or agreement alleged in this Complaint occurred within the flow of and substantially affected interstate commerce.

528. As a direct and proximate result of Defendants' anticompetitive scheme and concrete acts in furtherance of that scheme, Plaintiffs have been injured and will continue to be injured in its business and property by reason of Defendants' violation of the Sherman Act, [15 U.S.C.A. § 1](#), and are entitled to injunctive relief, costs, and attorneys' fees pursuant to the Clayton Act, [15 U.S.C.A. § 26](#).

529. Unless enjoined, Defendants' anticompetitive combination, conspiracy, and/or agreement will continue.

530. Plaintiffs' injuries are of the type the antitrust laws were designed to prevent and are a direct result of Defendants' unlawful anticompetitive conduct.

531. Plaintiffs and members of the Class seek an injunction against Defendants, preventing and restraining the Sherman Act violations alleged herein, costs, and attorneys' fees. See [15 U.S.C.A. § 26](#).

## II. INJUNCTIVE RELIEF

532. Plaintiffs reallege and incorporate by reference all the foregoing allegations as though fully set forth herein.

533. Pursuant to Fed. R. Civ. P. 65, and for the reasons enumerated in the Verified Complaint including Exhibits (which include a sworn Affidavit), Plaintiffs and all members of the proposed class move this Court for a preliminary injunction and temporary restraining order enjoining Defendants from forcing, ordering, and/or requiring Plaintiffs to be vaccinated with the first shot of the Pfizer vaccine by September 1, 2021, and the second shot by October 1, 2021, and from terminating them from employment, threatening directly or indirectly in any way to terminate, or in ANY way take adverse action against any Movant and/or Plaintiffs and any member of the proposed class of this class action, including requiring said Plaintiffs to disclose action in reliance on any records including medical records until after this Motion has been heard.

534. Unless defendants are so restrained and enjoined by order of this court, Plaintiffs will suffer immediate and irreparable injury, loss, and damage as already alleged in this motion and as more fully described and set forth in the Verified Complaint and its Exhibits filed in this action. The Plaintiffs face the immediate loss of more than their jobs. They face the immediate and irreparable damage and loss to their careers, reputations, privacy, health, and needlessly face bankruptcy, foreclosure, and other financial losses.

535. The reasons for this Motion are detailed in the Verified Complaint and Plaintiffs reply upon same.

536. Courts must balance four facts of when considering whether to grant a preliminary injunction. In evaluating a request for a preliminary injunction, a district court must consider: (1) the plaintiff's likelihood of success on the merits; (2) whether the plaintiff will suffer irreparable injury without a preliminary injunction; (3) whether issuance of a preliminary injunction would cause substantial harm to others; and (4) whether the public interest would be served by issuance of a preliminary injunction. *McNeilly v. Land* 684 F.3d 611, 615 (6th Cir. 2012) (quoting *In re Eagle-Picker Indus., Inc.*, 963 F.2d 855, 858 (6th Cir. 1992)).

537. A fair trial in a fair tribunal is a basic request of due process. Fairness of course requires an absence of actual bias in the trial of cases. *In Re Murchinso*, 349 U.S. 133, 136-137 (1955).

538. Lastly, when Plaintiffs have shown a substantial likelihood of success on the merits, as has been demonstrated here, "no substantial harm to others can be said to inhere in its enjoinderment." *Déjà vu of Nashville v. Metro Gov't of Nashville*, 274 F.3d 377, 400 (6th Cir. 2001) (citing *Connection Distrib. Co. v. Reno*, 154 F.3d 281, 288 (6th Cir.1998)).

539. The four considerations applicable to preliminary injunctions are factors to be balanced and not prerequisites that must be satisfied." *In re Eagle-Picker Indus., Inc.*, 963 F.2d at 859. These factors simply guide the discretion of the court; they are not meant to be rigid and unbending requirements. *Northeast Ohio Coalition for the Homeless v. Husted*, 696 F.3d 580 (6th Cir. 2012).

540. When requesting the preliminary injunction, the movant need not prove the entire case. "[I]t is ordinarily sufficient if the plaintiff has raised questions going to the merits

so serious, substantial, difficult and doubtful as to make them a fair ground for litigation and thus for more deliberate investigation.” Id. (quoting *Six Clinic Holding Corp., II v. Cafcomp Sys., Inc.*, 119 F.3d 393, 402 (6th Cir. 1997) (Citation omitted)). As discussed below, these factors weigh in favor of raining a preliminary injunction here.

541. Constitutional violations are routinely recognized as triggering irreparable harm unless they are promptly remedied. See e.g., *Elrod v. Burns*, 429 U.S. 347, 373 (1976) (loss of constitutional “freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury”). In fact, “when an alleged deprivation of a constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary.” *Obergefell v. Kasich*, 2013 WL 3814262, at \*6 (S.D. Ohio 2013); 11A Federal Practice and Procedure Civ. §2948.1 (3d ed. & Supp.).

542. Lastly, when Plaintiffs have shown a substantial likelihood of success on the merits, as has been demonstrated here, “no substantial harm to others can be said to inhere in its enjoinder.” *Déjà vu of Nashville v. Metro Gov’t of Nashville*, 274 F.3d 377, 400 (6th Cir. 2001) (citing *Connection Distrib. Co. v. Reno*, 154 F.3d 281, 288 (6th Cir.1998)).

543. For reasons discussed above, this Court should enter an order granting Plaintiffs’ Motion for Temporary Restraining Order and/or Preliminary Injunction to enjoin Defendants as requested.

#### **PRAYER FOR RELIEF**

544. WHEREFORE, Plaintiffs respectfully request that the court:



545. A declaratory judgment that each of Defendants' Policy infringes upon Plaintiffs constitutionally protected rights to protect their bodily integrity and to refuse unnecessary medical treatment;
546. Judgment in favor of Plaintiffs and an award to Plaintiffs of compensatory, all actual, exemplary, special, and statutory, treble and consequential, damages, including interest, in an amount to be proven at trial;
547. A declaratory judgment that each of Defendants' Policy is invalid under 21 U.S. Code § 360bbb-3, Section (e)(1)(A);
548. A declaratory judgment that each of Defendants' Policy is in violation of public policy;
549. An award of their reasonable and necessary attorneys' fees and costs incurred in prosecuting this action; and
550. Schedule this matter for a temporary injunction hearing enjoining the Defendants from terminating, demoting, or taking any negative action against Plaintiffs for refusing to take a mandatory vaccine and any other relief to which the Plaintiffs may show themselves entitled.
- All other review to which they are entitled, including a jury trial.

Respectfully submitted,

/s/ Glenn D. Feagan  
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**JURY DEMAND**

Plaintiff make a demand for a jury under all claims.

/s/ Glenn D. Feagan  
Glenn D. Feagan (#0041520)